

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

BLAINE FOR CONGRESS

ADDRESS (number and street)

PO BOX 98

☐ (Check if address is changed)

St. Elizabeth

CITY ▲

MO

STATE ▲

65075

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

amy@bespokekc.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.blaineforcongress.com

2. DATE

MM / DD / YYYY
07 / 18 / 2013

3. FEC IDENTIFICATION NUMBER ►

C C00458679

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brice A. Luetkemeyer

Signature of Treasurer

Brice A. Luetkemeyer

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **W BLAINE LUETKEMEYER**

Candidate
Party Affiliation

Office
Sought:



House



Senate



President

State

MO

District

03

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☒ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. **INSURING OUR FUTURE**

FEC ID number **C C00583583**

2. FEC ID number **C**

3. FEC ID number **C**

4. FEC ID number **C**

Write or Type Committee Name

BLAINE FOR CONGRESS**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

BLAINE FOR CONGRESS 2008

Mailing Address

P.O. BOX 25

HOLTS SUMMIT

CITY

MO

STATE

65043

ZIP CODE

Relationship: ☐ Connected Organization ☒ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Brice A. Luetkemeyer

Mailing Address

PO Box 96

St. Elizabeth

CITY

MO

STATE

65075

ZIP CODE

Title or Position

Treasurer

Telephone number

573

493

2313

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name
of Treasurer

Brice A. Luetkemeyer

Mailing Address

PO Box 96

St. Elizabeth

CITY

MO

STATE

65075

ZIP CODE

Title or Position
Treasurer

Telephone number

573

493

2313

Full Name of
Designated
Agent

Brice A. Luetkemeyer

Mailing Address

PO Box 96

St. Elizabeth

CITY

MO

STATE

65075

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of St. Elizabeth

Mailing Address

PO Box 96

St. Elizabeth

CITY

MO

STATE

65075

ZIP CODE

Name of Bank, Depository, etc.

SunTrust Bank

Mailing Address

PO Box 4418

Atlanta

CITY

GA

STATE

30302

ZIP CODE